

persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 7, 1999.

A. Federal Reserve Bank of Atlanta
(Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. *Cherokee Banking Company*, Canton, Georgia; to become a bank holding company by acquiring 100 percent of the voting shares of Cherokee Bank, N.A. (in organization), Canton, Georgia.

2. *United Americas Bancshares, Inc.*, Atlanta, Georgia; to become a bank holding company by acquiring 100 percent of the voting shares of United Americas Bank, N.A. (in organization), Atlanta, Georgia.

Board of Governors of the Federal Reserve System, May 7, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-12042 Filed 5-12-99; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Officer on (202) 690-6207.

Comments Are Invested on

(a) Whether the proposed collection of information is necessary for the proper

performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

1. Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments (45 CFR Part 92)—0990-0169—Extension No Change—Pre-award, post-award, and subsequent reporting and recordkeeping requirements are necessary to award, monitor, close out and manage grant programs, ensure minimum fiscal control and accountability for Federal funds and deter fraud, waste and abuse. Respondents: State and Local Governments; Number of Respondents: 4000; Average Burden per Respondent: 70 hours; Total Burden: 280,000 hours.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Written comments should be received within 60 days of this notice.

Dated: May 1, 1999.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

[FR Doc. 99-12053 Filed 5-12-99; 8:45 am]

BILLING CODE 4150-04-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[INFO-99-17]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and

instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received with 60 days of this notice.

Proposed Projects

1. National Program of Cancer Registries—Cancer Surveillance System—NEW-National Center for Chronic Disease Prevention and Health Promotion (NCCDHP). The American Cancer Society estimates that 8.2 million Americans have a history of cancer and that in 1999, about 1.2 million new cases will be diagnosed. At the national level, cancer incidence data are available for only 14% of the population of the United States. While this is appropriate for analyses of major cancers in large population subgroups, it is not always adequate for minority populations and rare cancer analyses. Further, to plan and evaluate state and national cancer control and prevention efforts, national data are needed. Therefore, the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Control, Division of Cancer Prevention and Control, proposes to aggregate existing cancer incidence data from states funded by the National Program of Cancer Registries into a national surveillance system.

These data are already collected and aggregated at the state level. Thus the additional burden on the states would be small. Program implementation would require funded states to report data to the CDC on an annual basis twelve months after the close of a diagnosis year and again at twenty-four months to obtain more complete incidence data and vital status from mortality data. The estimated total cost to respondents is \$885,000 per year.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
State, territorial, and District of Columbia cancer registries	63	1	2	126

2. Sentinel Network for Public Health Practice—NEW—The Division of Public Health Systems, Public Health Practice Program Office (PHPPO) proposes to establish a sentinel network of 160 local health departments to provide ongoing public health system infrastructure and capacity data. As the nation's prevention agency, the CDC is working to support the US public health mission of rapidly detecting disease and health risks, rapidly communicating, and strengthening the capacity to respond. Towards that goal, CDC proposes to assess and strengthen the nation's public health infrastructure by developing a network of local health departments that will provide ongoing information to public health leaders, policy makers, program managers and others to identify needs, target resources, and assist in overall preparedness. Data gathered by survey from the sentinel network will also lead

to improvement of the public health communications systems and reinforced training and credentialing for core workforce skills, and will help in developing standards for improved organizational performance.

The purpose of this Sentinel System and its related surveys are to: (1) Assess data and information systems, public health workforce, effective public health organization, relationships and resources that enable the performance of the ten essential services of public health for every community, and use these data in developing strategies to strengthen the infrastructure of public health; (2) rapidly detect changes in the health care environment as they affect the nation's health; (3) evaluate the usefulness, readability, and impact of CDC publications and documentation such as the Guide to Community Preventive Services, and (4) provide the CDC and collaborators with data to

assist in measuring performance of local health departments. Results from this research will be used to help the CDC in several ways. These systematic, longitudinal data will allow CDC and the public health community to improve infrastructure quality and capacity. Examples of crosscutting infrastructure issues that may be identified by these data include the extent of under-funding for public health, the need for effective local leadership and for integrated electronic information systems, and the emerging role of measurable standards for local health departments. CDC publications evaluation data will allow the CDC to assess how useful and linked to local need are its resources, and to plan revisions and future products. The health performance information will help direct the development of measurable standards. The cost to the respondent is \$0.00.

Form	Number of respondents*	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Assessing and Strengthening public health infrastructure	80	2	8	1,280
Year 2				
Evaluating CDC Publications	80	2	4	640
Assessing and strengthening public health infrastructure	160	2	8	2,560
Evaluating CDC Publications	160	2	4	1,280
Year 3				
Assessing and strengthening public health infrastructure	160	2	8	2,560
Evaluating CDC Publications	160	2	4	1,280
Total				9,600

*Respondents are local health departments.

Dated: May 6, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99-12092 Filed 5-12-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project:

Title: Head Start Fellows Program.

OMB No.: 0970-1040.

Description: Public Law 103-252, the Human Services Amendments of 1994, amended the Head Start Act (the Act) to authorize the creation of a Head Start Fellows Program to support the professional development of individuals

working in the field of child development and family services. The Act was most recently reauthorized through fiscal year 2003, by the Coats Human Services Amendments of 1998, Public Law 105-285.

Head Start Fellowships are awarded on a competitive basis to individuals (other than Federal employees) selected from among applicants who are working, on the date of application, in local Head Start programs or otherwise working in the fields of child development and children and family services. The information collected from the applications is used to ensure that individuals selected to be Head Start